PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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APPLICATION NO. FI		IG DATE FIRST NAMED IN		YENTOR ATTORNEY I		OOCKET NO.	CONFIRMATION NO	
10/586,996 07/		21/2006	Takanori MIYASA	AKA	Q96096		3135	
TITLE OF INVENTIO	N: ABNORMALI	TY DIAGNOSING API	PARATUS AND A	BNORMALITY	Y DIAGNOSING M	(ETHOD		
TITLE OF EVERYIO	iii abiioidiaa	r r birtortobirto / ii r	Marioshin	BIVOIGHT EIT	DINGRODING II	Шпов		
APPLN. TYPE	SMALL	SMALL ISSUE FEE ENTITY		ON PREV.	PAID ISSUE FEE	TOTAL FEE	(S) DATE DUE	
	ENTITY							
nonprovisional	NO	\$1510.00	\$300.00		\$0.00	\$1,810.00	11/20/2010	
EXAMINER			ART UNIT	ART UNIT CLASS-SUBCLASS				
Hien Xuan Vo			2863	2863 702-035000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363				2. For printing on the patent front page list 1 Sughrue Mion, PLLC				
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required. (2) the name of a single firm (having as a member a registered attorney or agent) and the 3								
03-02 or more recent)	member a registered attorney or agent) and the names of up to 2 registered patent attorneys or							
	agents. If no name is listed, no name will be							
3. ASSIGNEE NAME	AND RESIDENCE	E DATA TO BE PRINT	 ED ON THE PATE	printed. NT (print or ty	pe)			
		entified below, no assig				entified below, th	e document has been filed t	
(A) NAME OF ASSIG		IDENCE: (CITY and S						
NSK LTD.	Гоkyo, Japan							
		gory or categories (will	•	* '		•	te group entity Governme	
				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
				☐ A check is enclosed.				
				Payment by credit card. Form 1310-2038 is attached.				
•				\Box The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $\underline{19\text{-}4880}$.				
				E USPTO is directed and authorized to charge all required fees to Deposit Account No. 80. Please also credit any overpayments to said Deposit Account.				
5. Change in Entity Sta	tus (from status ind	icated above)			-			
☐ a. Applicant claims	SMALL ENTITY s	tatus. See 37 CFR 1.27.	☐ b. Applic	ant is no longer	claiming SMALL I	ENTITY status. S	ee 37 CFR 1.27(g)(2).	
The Director of the US	PTO is requested to	apply the Issue Fee and	Publication Fee (if	any) or to re-ap	ply any previously p	oaid issue fee to th	e application identified abov	
		(if required) will not be f the United States Pater			the applicant; a regi	stered attorney or	agent; or the assignee or oth	
Authorized Signature	_	/Brian W. Hanno	on/	Date		Novembe	November 16, 2010	
Typed or Printed Name	•	Brian W. Hannon		Registration No	э.	32,778		